

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>09/690271</i>	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							
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3							
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49							
50							
TOTAL IND.	1						
TOTAL DEP.	15	↔	↔	↔			
TOTAL CLAIMS	16						

**CLAIMS ONLY**

SERIAL NO.	FILING DATE
APPLICANTS	09/690271

	CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1		1		1	
4	1	1	1	1		
5			1	1		
6			1		1	
7		1		1		1
8		1		1		1
9			1			
10		1		1		1
11	1		1		1	
12	1		1		1	
13			1		1	
14		1		1		1
15			1		1	
16			1		1	
17			1		1	
18		1		1		1
19	1		1		1	
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50						
TOTAL IND.	1		2		2	
TOTAL DEP.	18	↓	10	↓	15	↓
TOTAL CLAIMS	19	18	10	17	17	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS